

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist FRANK J. ALEKSANDROWICZ
FIRST NAME LAST NAME

Address 343 Canterbury Road Bay Village 40 Cuyahoga Ohio Tel. TR 1 - 5081
NO. STREET CITY ZONE COUNTY

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
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Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Frank Aleksandrov
SIGNATURE